

Order Summary

Mail or fax with appropriate form to:

Granville Pharmacy
Suite 205
3077 Granville St.
Vancouver, BC Canada
V6H 3J9 Fax: 1-877-919-7347

Fill in your information:

Full Name:	
Address:	
City:	
State: Zip Code:	
Home Phone:	Work Phone:
E-Mail (optional):	

Your Order Summary

Name	Strength	Form	Qty	If refill, enter Rx Number	Price	Total
					Shipping	\$14.00
					Total Cost	

Please fill in your payment information.

Credit Card

Cardholder's Name:
Credit Card Type: VISA MasterCard (circle one)
Credit Card Number:
Expiration Date:
Cardholder's Signature

Have there been any changes to your health since your last order? If so, please describe below. If you have never filed a health profile with our pharmacy, you must complete and submit a "First-time customer form" with this order.

For new orders:

Attach a copy of your original prescription(s) here OR check one of the options below:

☐ My physician will fax in my original prescription for this order

☐ I will mail in my original prescription separately for this order

*** IMPORTANT ***

Canadian Law requires that the full patient name, address and telephone number must be
CLEARLY PRINTED on the written prescription in order for this prescription to be filled.

Special shipping instructions for this order:

